



Governor Appoints Oscar Herrera as Secretary of Department of Regulation and Licensing

Governor Scott McCallum announced on March 29, 2001, that Oscar Herrera would head the Department of Regulation and Licensing. As a 16-year state employee, Herrera brings a wealth of experience and knowledge of state government to his new position.

Born and raised in Mexico City, Herrera received a bachelor's degree in economics and a master's degree in agricultural economics from universities in Mexico. At the University of Wisconsin-Madison, he received a master's degree in continuing and vocational education and completed his doctoral studies in development.

MEDICAL EXAMINING BOARD

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Administrative Staff:

Patrick D. Braatz, Division Administrator

Executive Staff:

Oscar Herrera, Secretary
William Conway, Deputy Secretary
Myra Shelton, Executive Assistant

The current membership of the board is 14 members. Nine are Medical Doctors, one is a Doctor of

Herrera joined the Wisconsin Coastal Management Program in 1985 and became director of the Program in 1992. For 14 years he was involved with the Federal Consistency Regulatory Program managed by the Wisconsin Coastal Management Program and oversaw enforcement of state policies in the coastal zone of Wisconsin (Wisconsin Great Lakes Coastal counties.)

From 1999 to his appointment as Secretary of Department of Regulation Licensing, he was director of the Bureau of Minority Business Development in the Department of Commerce.

Secretary Herrera looks forward to his new responsibilities and leading the Department of Regulation and Licensing.

Chairman's Report By Ronald Grossman, M.D.

The Wisconsin Medical Examining Board (MEB) is a board made up of governor appointed public and professional members charged with regulating and licensing the profession of medicine in the State of Wisconsin. The Board is a part of the Wisconsin Department of Regulation and Licensing that provides the Board with the support staff necessary to carry out its mission as set out in Wisconsin Law.

The MEB currently regulates and licenses the following health care providers, Medical Doctors, Doctors of Osteopathy, Physician Assistants and Respiratory Care Practitioners.

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Osteopathy, three are public members who cannot be associated with health care services and one is a non-	

voting representative of the Patients Compensation Fund Peer Review Panel. Board members serve staggered 4-year terms and are required to be confirmed by the Wisconsin State Senate.

The MEB's responsibility can be divided into three categories. The first is the approval and verification of credentials of all applicants who wish to practice in Wisconsin. The second is reviewing all informal complaints that are filed against credentialholders that the MEB regulates. Complaints are received from a variety of sources such as patients, relatives, malpractice actions, and other health care providers and in some cases law enforcement agencies. The third is the disciplining and monitoring of those credentialholders who are found to have violated the Wisconsin Law relating to the practice of Medicine.

The verification and approval of credentials of applicants is a streamlined process that the Department Staff prepares in accordance with the MEB's policies and rules. The Board reviews those applicants that are exceptions to the rules and decisions are made on a case by case basis in accordance with Wisconsin Law.

All informal complaints are screened by a panel of the MEB to determine if the complaint has merit and should be opened for investigation. The Screening Panel of the Board is made up the Chairman of the Board, one public member and another physician member that serves on a three month rotating basis also present is a Division of Enforcement Staff Member who represents the prosecuting attorneys or investigative staff. The panel reviews the actual complaint as well as any medical records that pertain to the complaint. Conclusions are reached to determine the merits of each informal complaint and the panel uses a one-vote rule that if any member of the panel feels that an informal complaint should be opened for investigation that informal complaint will be opened for investigation. It should be kept in mind that the purpose of the MEB is to protect the public and this principle is critical in deciding any course of action.

The disciplining and monitoring of those credentialholders who have been found to violate the Medical Practice Act probably consumes the most time of the Board Members. The practice of medicine has changed and has become immersed in a wave of consumerism, managed care, and an alarming activity from our legal colleagues in the malpractice area. This opinion is not to suggest immunity to health care providers but does underscore a growing perception that medical care is or should be a perfect science and the term minimum standard of care is simple and easy to define. The fact is that the vast majority of health care providers in our state our well trained and are

dedicated professionals, which, as in any profession, does not necessarily translate to perfection. Medicine is an art and not a perfect science. When a patient puts their health care to a physician's judgement, it is their hope and expectation that the decision of every procedure will be exact and true.

The public protection can be accomplished in more than one way.

Identifying physicians who have practiced below a minimum standard and therefore endangered patients which may result in a corrective action such as remedial education, rehabilitation programs in cases of addiction or unprofessional or illegal behavior during which time a limitation may be placed on a license. Severe and irreparable situations may result in some further limitations being placed on a license, suspension or even revocation. The public is also protected in the fact that the MEB recognizes that physicians who are well trained and have excellent practice records may experience an untoward result or perhaps have made an unfortunate decision. These health care providers can be strengthened through action to insure the public will be protected by requiring some correctional activity to improve the function of the physician who will then remain as a quality caregiver to residents of our state.

The MEB through all of its processes always is cognizant of the term "due process" and no actions are taken without consideration of that fact. The definition of discipline is not punishment, but rather rehabilitation and it would be my hope that physicians will try to understand that the MEB which is government body charged with the protection of the public, but not charged with handing out punishment if rehabilitative action can be taken. At the same time the MEB attempts to balance public safety with fairness and a constructive attitude toward health care professionals. It is difficult to judge others, and the mixture of physicians and public members takes on that difficult task with the aid of our prosecuting attorneys, investigators and in some cases, medical experts, to insure that each case is considered with fairness and due process and above all taking into consideration of safety of the public.

It is my hope that the health care providers within our state will look at the function of the MEB not as a vehicle of intrusion or punishment, but a public body who works toward maintaining and improving the quality of medical care to all the residents of our great state.

<u>MEDICAL EXAMINING BOARD</u>	
<u>Title</u>	<u>Name</u>
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	Karen A. Kalishek
	Sandra Mahkorn, M.D.
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	Vacancy**
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	Dr. Ronald Grossman
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MEMBER	Muriel Harper
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MEMBER	Dr. Ronald Grossman
MEMBER	Dr. Bhupinder S. Sani
MEMBER	Vacancy

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<u>Title</u>	<u>Name</u>
CHAIRMAN	Dr. Ronald Grossman

MEMBER	Virginia S. Heinemann*
	1 board member alternating in alphabetical order every three months
	A staff member from Division of Enforcement
<u>LIAISON TO DOE ON MONITORING OF CASES</u>	
	<u>Name</u>
	Dr. Darold A. Treffert
<u>EDUCATION COMMITTEE</u>	
<u>Title</u>	<u>Name</u>
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MEMBER	Dr. Sandra Mahkorn
MEMBER	Mikki Patterson*
MEMBER	Virginia S. Heinemann*
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MEMBER	Dr. Alfred L. Franger
MEMBER	Mikki Patterson*
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MEMBER	Dr. Ronald Grossman
MEMBER	Dr. Sandra Mahkorn
MEMBER	Virginia S. Heinemann*

*Public Member

**Non-Voting Member

GOVERNOR APPOINTS NEW BOARD MEMBERS

Leif W. Erickson, Jr., M.D. of Burlington has been appointed as a new professional member of the Medical Examining Board by Governor McCallum, to succeed Dr. Edwin Mathews whose term expired.

Dr. Erickson is a graduate of the Medical College of Wisconsin and is certified by the American Board of Surgery and practices as a General Surgeon in Burlington.

He is married and the Ericksons have four children.

Governor McCallum has appointed Karen A. Kalishek of Shawano as a new public member of the Medical Examining Board, to succeed Mikki Patterson whose term expired.

Ms. Kalishek received her doctorate in Intercultural management from Walden University and holds a MBA from UW-Oshkosh and is a Certified Public Accountant.

Ms. Kalishek has served as a professional member of the Wisconsin Accounting Examining Board and currently serves as a public member of the Designer Section of the Examining Board of Architects, Landscape Architects, Professional Engineers, Designers and Land Surveyors.

Prescription Order Signatures

With the advent of new technologies as they relate to the issuing of prescription orders, the Medical Examining Board and Pharmacy Examining Board recently reviewed current statutes and applicable administrative codes as they specifically relate to what is considered a valid signature. Wisconsin State Statute 450.11 (1) states that "All prescription orders shall specify..... if the order is written by the practitioner, the signature of the practitioner." Section 990.01 (38) of the State Statutes provides in part, "If the signature of any person is required by law it shall always be the handwriting of such person..." Med 17.06 states "Prescription orders prepared by professional nurses and ancillary health care personnel, as delegated and supervised by a practitioner under s. 448.03 (2) (e), Stats., shall contain in addition to other information required by this chapter, the name, address and telephone number of the delegating practitioner and the name, address and signature of the person preparing the prescription order." (Note: Schedule II prescriptions must be manually signed by the practitioner as stated in Federal law, CFR 1306.05 (a).)

Thus, where any written, typed or computer generated prescription order contains only the practitioner's printed or stamped name, the strict reading of the above statutes would render the order invalid as a written order. Even where a nurse or other authorized person initials the stamped signature, the prescription order is invalid as a written order. When faced with such a prescription

order the pharmacist's options would be either to reject the order or contact the practitioner and verify the prescription information on the order in the same manner as if an oral order had been telephoned into the pharmacist. Therefore, what is necessary on a valid written prescription order is either the practitioner's or delegate's handwritten signature. Additionally, faxed prescriptions must meet the same requirements as written prescription orders. Each of the following written prescription order examples include a statement of whether it includes a valid written signature:

1. A written prescription "signed" with a prescriber's signature stamp with or without a nurse's or delegated agent's initials is presented or faxed. This prescription is invalid.
2. A written prescription "signed" with the prescriber's name by the nurse or delegated agent with or without that individual's initials is presented or faxed. This prescription is invalid.
3. A written prescription "signed" with a prescriber's signature stamp with the nurse's or agent's signature is presented or faxed. This is a valid prescription only if the nurse or agent was authorized to sign prescriptions by a delegating practitioner as stated in Med 17.06. The prescriber's stamp does not satisfy the requirement of a written signature; rather the signature of the nurse or delegated agent validates the prescription. The prescriber's stamp only indicates the identity of the delegating practitioner.
4. A written prescription "signed" with the practitioner's name by the nurse or agent with the nurse's or agent's signature included is presented or faxed. This is valid only if the nurse or agent was authorized to sign prescriptions under Med 17.06.

Electronic transmission of prescription orders is covered separately by State Statute 450.11 (1m) and Phar 7.08 which, in part, states "prescription orders may be accepted and dispensed if they have been transmitted electronically from a practitioner or his or her designated agent to a pharmacy via computer modem or other similar electronic device." The code further states that "Prescription orders transmitted by facsimile machine are not considered electronic prescription orders; but rather, written prescription orders." A handwritten signature that is manually recorded by the prescriber onto a "palm" unit and then prints directly to paper at the pharmacy via the use of a fax machine is considered a valid signature and prescription since the fax machine is

considered a printer of the prescriber's "prescription pad" (the palm unit). Phar 7.08 should be referred to for additional rules covering valid electronically transmitted prescription orders.

The delegated authority discussed above applies to physicians (MD and DO) and podiatrists (DPM). The other practitioners in Wisconsin that have prescriptive authority do not have this delegation authority in their practice acts and thus must manually sign their written or faxed prescription orders. A stamped signature would render the written or faxed prescription invalid. The practitioners who must personally sign their prescription orders include physician assistants (PA), advanced practice nurse prescribers (APNP), dentists (DDS), optometrists (OD), and veterinarians (DVM). Oral prescription orders may be accepted from delegated agents (office staff) of all prescribers since that is considered a secretarial function after the prescription order has been prepared.

Disciplines

JAMES LYNN CARROLL MD

TOMAHAWK WI

SURRENDER

Entered into and continued sexual relationships with two women while each was his patient. Was disciplined by the board in 1994. Effective 1/17/2001. Sec. 448.02(3), Stats. Med 10.02(2)(h) Case #LS0101171MED

HENRY M GOLDBERG MD

MILWAUKEE WI

REPRIMAND/COSTS

Wrote prescriptions in the names of company employees who in turn had the prescriptions filled and returned them to Dr. Goldberg who took the medications. Also prescribed medications for his employees for their personal use. Pay \$1,000.00 costs. Effective 5/16/2001. Secs. 450.11(7)(a), (h), 961.38(5), Stats. Med 10.02(2)(p),(z) Case #LS0105164MED

LINDY K AKES MD

ESPANOLA NM

LIMITED

In 1998 the New Mexico board issued an order that conditioned and restricted her license. She prescribed controlled substances in quantities that exceeded what was medically indicated for 4 patients. Prescribed controlled substances for 2 patients where the drugs were intended for use by someone other than the patient named on the prescription. Effective 2/21/2001. Med 10.02(2)(q) Case #LS0102216MED

BENJAMIN W BEGLEY MD

OSHKOSH WI

REPRIMAND

Laceration of the popliteal artery and failing to diagnose until the fourth postoperative day constitutes unprofessional conduct. Complete continuing education in diagnosis and treatment of vascular injuries by 8/15/2001. Effective 11/15/2000. Med 10.02(2)(h) Case #LS0011162MED

STEVEN H V PARK MD

MILWAUKEE WI

COSTS

He last saw a patient in September, 1997, yet continued to write prescriptions in her name. It appears the methylphenidate was diverted into the illicit market. Pay costs of \$1,300.00. Enter a risk management assessment program. Effective 5/16/2001. Med 10.02(2)(h) Case #LS0105165MED

KURT HECOX MD

LA GRANGE IL

REPRIMAND/COSTS

Failed to provide evidence of continuing education requirements required to be maintained when requested by the board. Effective 10/18/2000. Sec. 448.02(3), Stats. Med 10.02(2)(a), 13.05 Case #LS0007244MED

ALLAN D BELDEN MD

APPLETON WI

SURRENDER

Obtained professional fees by fraud. Indicted on 16 counts of mail fraud based upon having devised and executed a scheme to defraud. Effective 2/21/2001. Sec. 448.02(3), Stats. Med 10.02(2)(m),(z) Case #LS0102212MED

EDWIN K COLE MD

MEDFORD WI

LIMITED/COSTS

Failed to distinguish between an artery and the vas deferens while performing a vasectomy which led to the loss of the left testicle. To remove limitation must take 10 hours of category I continuing medical education in performing vasectomies. Costs of \$400.00. Effective 5/16/2001. Med 10.02(2)(h) Case #LS0105163MED

MICHAEL B HELD MD

COLGATE WI

ADMINISTRATIVE INJUNCTION

Registration to practice medicine lapsed on 10/3/99. He has examined, treated and prescribed controlled substances for patients and clients out of his home and is prohibited from doing so without the proper credentialing. Effective 10/18/2000. Sec. 448.03(1)(a), Stats. Med 10.02(2)(p) Case #LS0006271MED

KENNETH C OLSON MD

BOZEMAN MT

Negligent in his treatment of several patients that resulted in emotional and psychological injury, suffering, disability, and pain. The patients filed civil actions against him in civil court. He allowed his license to lapse. Is not practicing in Wisconsin. If he seeks to renew his registration conditions would be placed on his license. Effective 3/22/2001. Sec. 448.02(3)(c), Stats. Med 10.02(2) Case #LS0103234MED

RAO J GONDI MD

MILWAUKEE WI

LIMITED

Failed to make minimally medical entries in patient records. Complete an independent study program addressing appropriate recordkeeping practices for anesthesiologists by 5/15/2001. Effective 11/15/2000. Sec. 448.03, Stats. Case #LS0011163MED

RICHARD LAURENCE LONDON MD

BAYSIDE WI

COSTS

Failed to follow up regarding further evaluation of a CT scan. Complete a risk management program. Costs of \$200.00. Effective 2/21/2001. Sec. 448.02(3), Stats. Case #LS0102211MED

WILMA PAULINE WEBSTER MD
ROSAMOND CA LIMITED
The U.S. Air Force took adverse action against her practice. Her clinical privileges in emergency medicine were revoked for a medical condition that could impact her ability to render patient care. Effective 2/21/2001. Med 10.02(2)(q) Case #LS0102214MED

JAMES J MOZZILLO MD
INDIANAPOLIS IN REPRIMAND/COSTS
Admitted to DEA diversion investigators that he had consumed hydrocodone without a prescription. Ordered hydrocodone from a wholesaler and dispensed to relatives. Admitted stocking and dispensing controlled substances to family members and friends. Shall not use home address for DEA registration and shall not store controlled substances at his home. Effective 10/18/2000. Sec. 961.38(5), Stats. Med 10.02(2)(p),(z),(za) Case #LS0010181MED

TIMOTHY S STAACKE MD
STURTEVANT WI
STAYED SUSPENSION/LIMITED/COSTS
Attempted to obtain possession of cocaine from an undercover police detective for nonmedical purposes and without a prescription. Convicted for misdemeanor attempted possession of controlled substance (cocaine). Suspended not less than 5 years; the suspension being stayed for 3 months with limitations imposed. Effective 11/15/2000. Med 10.02(2)(p) Case #LS0011165MED

J TIMOTHY PROPSOM MD
MILWAUKEE WI REPRIMAND/STAYED
SUSPENSION/LIMITED/COSTS
Has been convicted of operating a motor vehicle while influenced by an intoxicant as follows: 7/11/00 in Milwaukee, WI; 8/15/98 in Skokie, IL; 12/24/95 in Racine, WI; 8/4/95 in Lakeville, MN; and 12/27/92 in Brookfield, WI. An evaluation resulted in a finding that he had some cognitive deficits as a result of his drinking. Indicated on his renewal form that he had obtained the necessary CME when in fact he had not. Suspended indefinitely with three month stays. \$100.00 costs. Effective 1/17/2001. Sec. 448.13(1), Stats. Med 10.02(2)(c),(m) Case #LS0101172MED

PETER H PARK MD
GARDENA CA SUSPENDED/LIMITED/COSTS
Admitted to self-prescribing a number of medications, including controlled substances, purportedly for migraines. Has not practiced medicine since 2/18/00.

Suspend not less than 5 years; may apply for a stay. Limited. Costs of \$100.00. Effective 3/22/2001. Sec. 961.38(5), Stats. Med 10.02(2)(i),(p),(z) Case #LS0103233MED

TUYEN T TRAN MD
TOMAH WI REPRIMAND/COSTS
Prescribed schedule II and schedule III controlled substances to various immediate and extended family members, without keeping any kind of health care chart or record. Complete 48 or more hour CME courses. Costs of \$300.00. Effective 2/21/2001. Med 10.02(2)(a),(h),(p) Case #LS0102213MED

LARRY L BOSLEY MD
BEVERLY HILLS CA LIMITED
In May, 1999, the California board issued an order that imposed a one year suspension, stayed the suspension, and placed him on probation for 5 years. It was based upon, among other things, use of misleading advertising and staff designations at his hair loss clinics. His license is limited in that he must maintain full and complete compliance with the limitations put on his California license. Also, he must refrain from the practice of medicine in Wisconsin. Effective 3/22/2001. Med 10.02(2)(q) Case #LS0103231MED

AUDRA L YENTZ PA
DEFOREST WI REPRIMAND/COSTS
Her physician assistant registration expired in October of 1999 and she did not renew until August of 2000. During that period of time she worked as a physician assistant. Costs of \$100.00. Effective 2/21/2001. Med 10.02(2)(a) Case #LS0102215MED

JOHN A LANE RCP
ALBUQUERQUE NM SUSPENDED
In May, 1999, the Arizona board revoked his license, based upon his prior disciplinary history in Arizona, as well as his failure to show up for scheduled work on three occasions. Suspended for an indefinite period of time. Effective 3/22/2001. Med 10.02(2)(q) Case #LS0103232MED

LANCE F YEOMAN DO
MONTICELLO IA LIMITED
In December, 1999, the Iowa board issued an order summarily suspending his license based on receipt of allegations of harm as a result of his care. The order also included a 5-year period of probationary practice. Maintain complete compliance with the Iowa order. Effective 5/16/2001. Med 10.02(2)(q) Case #LS0105167MED

Telephone Directory

Automated Phone System for the Health Professions: (608) 266-2811

- Press 1 **Request Application**
Press 2 **Status of a Pending Application**
Press 3 **Verification of Credential Holder**
Press 4 **Name and Address Changes**
To Request the Wisconsin Statutes and Administrative Codebook
Complaint Against a Credential Holder
Renewal of Your Credential
Legal Questions
Press 5 **Repeat Menu Choices**
FAX: 608-261-7083

Verifications

Verifications are now available online at www.drl.state.wi.us. Once you have accessed the Department website, please click on the button for "Credential Holder Query."

If you do not use the online system, then all requests for verification of licenses/credentials should be submitted in writing. There is no charge for this service. Requests should be sent to the Department address or may be faxed to (608) 261-7083, Attention: Verifications.

Endorsements

Requests for endorsements to other states must be in writing. The cost is \$10. Please make check or money order payable to the Department of Regulation and Licensing.

2001 Meeting Dates

December 19-20

Visit the Department's Web Site

<http://www.drl.state.wi.us/>

Send comments to dorl@drl.state.wi.us

Digests on Web Site

September, 1997; June, 1998; December, 1998; June, 1999; September, 1999; July, 2000.

Wisconsin Statutes and Code

Copies of the Medical Statutes and Administrative Code can be ordered through the Board Office.

Include your name, address, county and a check payable to the Department of Regulation and Licensing in the amount of \$5.28. The latest edition is dated October, 2000.

Change of Name or Address?

Please photocopy the mailing label of this digest, make changes in name or address, and return it to the Department. Confirmation of changes are not automatically provided.

WIS. STATS. S. 440.11 ALLOWS FOR A \$50 PENALTY TO BE IMPOSED WHEN CHANGES ARE NOT REPORTED WITHIN 30 DAYS.

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